HRSA 5600 Fishers Lane, Rm. 11A-55 • Rockville, MD 20857 • ph: 301/443-0447 • fax: 301/443-1330
Office for the Advancement of Telehealth

Telehealth Funding Guide

United States Department of Agriculture

Rural Utilities Service (RUS)

Distance Learning and Telemedicine Grant Program
(a.k.a. the Distance Learning & Medical Link Grant Program)
Contact: Roberta Purcell, Assistant Administrator, Telecommunications Program (202) 720-9554 (voice); (202) 720-0810 (fax); Jonathan P. Claffey, Deputy Assistant Administrator, Telecommunications Program 202-720-9549 (voice); 202-720-0810 (fax). DLML@rus.usda.gov (e-mail). Fax and e-mail are the preferred modes of contact.

Area Contacts:

- **Eastern Area -** Kenneth Kuchno - (202) 690-4673 (phone); (202) 690-4670 (fax).
- **Northwest Area -** Jerry Brent - (202) 720-1025 (phone); 202-690-4654 (fax).
- **Southwest Area** - Ken Chandler - (202) 720-0800 (phone); (202) 205-2921 (fax).

The DLT program supports projects to encourage, improve and make affordable for applicants the use of telecommunications, computer networks, and related technologies for rural communities to improve access to education and/or health care services.

The program funds capital costs on a one-time funding basis and requires 30% matching funds. Specifically, the DLT funds up to 90% of the costs of acquiring and installing eligible equipment for requested loans and up to 70% of the costs of acquiring and installing eligible equipment for grants and combination grants and loans, at schools, hospitals, and other eligible sites. It also funds other non-recurring capital costs of establishing a distance learning and telemedicine system. System operating expenses, including salaries, are not eligible.

RUS funds incorporated organizations that operate educational or medical facilities in rural areas, and consortia or partnerships of organizations that provide rural educational or health care services. The Department of Agriculture recently announced changes for the 2000 DLT Loan and Grant Program. There is again ONE application for all three types of financial assistance (grant, loan, and grant/loan combination). Applications for grants will go through the competitive process and poverty levels will be used for scoring purposes instead of grant eligibility.

The 2000 DLT program will make available $200 million in loans and $20 million in grants for telemedicine and distance learning projects serving rural America. Funding will be available in three categories: $13 million for grants, $130 million for loans, and $77 million for combination grants and loans. In FY 1999, 52 awards were made totaling $12,705,092. Twenty-two of the 52 awards in FY 1999 were for telemedicine projects. This brings the number of projects funded since 1993 to 274.

FY 2000 grant applications were due March 17, 2000. Combination loan/grant applications may be submitted at any time up to September 30, 2000, and will be processed on a first-come, first-served basis.

Additional information and the applications are available at: http://www.usda.gov/rus/dlt/dlml.htm. The DLT regulation can be found at: http://www.usda.gov/rus/dlt/dltregs.htm.

Department of Commerce

National Institutes of Standards and Technology (NIST), DOC

Advanced Technology Program - Information Infrastructure for Healthcare (IIH) Focused Program

For information about eligibility, how to apply, and cost-sharing requirements, contact the ATP program: 1 (800) 287-3863 (voice recording) (301) 926-9254 (fax) atp@micf.nist.gov; A430 Administration Building National Institute of Standards and Technology Gaithersburg, MD 20899-0001.
For technical information, contact: Bettijoyce Lide, Program Manager (301) 975-2218 (voice); (301) 926-9524 (fax); bettijoyce.lide@nist.gov

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NIST's Advanced Technology Program supports strategic, high-risk research in cutting-edge technologies through a government/private-sector partnership program. Through its IIH (Information Infrastructure for Healthcare) Focused Program it supports research to develop key information technologies to: simply and reliably gather complex, multimedia medical information from healthcare providers; store and retrieve that information securely; and make that information available over secure and reliable national information networks for use by medical personnel in making informed medical decisions and for computer-based medical training, diagnostic and research tools.

All ATP-focused programs were established in 1994 and depend on Congressional appropriations. In FY 1995, approximately $63 million was available in the ATP IIH-focused program. The FY 1996 appropriation for the entire ATP program was $221 million -- first priority was funding the continuing awardees and a solicitation for remaining funds was held. A third solicitation for the ATP IIH-focused program was held in 1997 and six ATP IIH awards were made in the fall of 1997. In FY 1999, thirty-seven ATP projects were funded, at approximately $110 million.

In FY 2000, the ATP will award approximately $50.7 million in funding for the first year of new projects. The competition closing date was March 8, 2000. NIST funds for-profit entities only.

Information kits are available by calling 1 (800) ATP-FUND (1-800-287-3863) or writing:

ATP, (Specify competition number)
Room A430, Administration Bldg., (101)
National Institutes of Standards and Technology
Quince Orchard and Clopper Roads
Gaithersburg, MD 20899-0001

Additional information on the ATP program is available at the ATP World Wide Web site: http://www.atp.nist.gov

National Telecommunications and Information Administration (NTIA)

Technology Opportunities Program (TOP) [formerly known as the Telecommunications and Information Infrastructure Assistance Program]
Contact: Steve Downs (202) 482-2048 (voice); (202) 501-5136 (fax); tiiap@ntia.doc.gov .

NTIA supports projects that improve the quality of -- and the public access to -- education, health care, government services, and economic development. Grant funds can be used to purchase equipment for connection to networks, including computers, videoconferencing systems, network routers, and telephones; to buy software for organizing and processing all kinds of information, including computer graphics and databases; to train staff, users, and others in the use of equipment and software; and to purchase communications services, such as telephone links and access to commercial on-line services. Under the TOP program, NTIA funds state and local governments, health care providers,

school districts, libraries, universities and colleges, public safety services and other non-profit entities.

In FY 1999, 43 awards were made totaling nearly $18 million. Thirteen of the 43 awards were for telemedicine/telehealth projects. Including the projects funded in October 1999, TOP has awarded 421 grants totaling $135.8 million since FY 1994. For FY 2000, Congress appropriated $15.5 million. For more information on the application process, consult the Web site at http://www.ntia.doc.gov/otiahome/tiiap. Online registration and additional information on the workshops is available on the We site: www.ntia.doc.gov [follow pointer to "grants"].

To learn more about the TOP program or to have your organization added to the program's mailing list, phone 202-482-2048, e-mail tiiap@ntia.doc.gov, or fax 202-501-5036.

Department of Health and Human Services

Agency for Healthcare Research and Quality

AHRQ's research projects examine the availability, quality and costs of health care services; ways to improve the effectiveness and appropriateness of clinical practice, including the prevention of disease; and other areas of health services research, such as services for persons with HIV infection.
AHRQ uses mechanisms of grants, cooperative agreements, and contracts to carry out research projects, demonstrations, evaluations, and dissemination activities. AHRQ also supports small grants, conference grants, and training through dissertation grants and National Research Service Awards to institutions and individuals. The vast majority of AHRQ grants and cooperative agreements are investigator-initiated. Areas of specific interest for grants and cooperative agreements are announced in the NIH Guide for Grants and Contracts. These may be areas of ongoing interest identified in program announcements (PAs) or targeted one-time activities identified in requests for applications (RFAs).

AHRQ grant announcements, based on PAs and RFAs, are available through AHRQ InstantFAX by calling 301-594-2800 from a fax machine with a telephone handset. AHRQ grant application kits, including all currently active requests for applications (RFAs) and program announcements (PAs), may be obtained from the AHRQ Publications Clearinghouse:

AHRQ Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907-8547
1-800-358-9295
1-888-586-6349 (TDD)

AHRQ also provides information on its grant announcements and RFPs for contracts in its monthly publication, Research Activities. To be placed on the mailing list to receive Research Activities, contact the AHRQ Publications Clearinghouse. Information is also available on the AHRQ Web site at: http://www.ahrq.gov/ .

Health Care Financing Administration (HCFA)

Contact: Larry Kucken - Telemedicine Payment Evaluation Project and the Diabetes Demonstration Project; (410) 786-6694 (voice); or **Craig Dobyski** - Coverage Regulation for Teleconsultations in Rural Health Professional Shortage Areas; (410) 786-4584 (voice).

HCFA supports cooperative agreements for projects that demonstrate and evaluate the effectiveness of rural telemedicine systems and for projects that develop "pilot tests" and evaluate payment methodologies for telemedicine consultations. It funds both non-profit and for-profit private organizations, as well as public agencies and organizations,

including state agencies that administer the Medicaid program. In FY 1999, HCFA continued its Telemedicine Payment Evaluation Project, which involves five telemedicine networks and 105 facilities. No new telemedicine networks will be funded.

Also in 1999, HCFA funded a project to demonstrate how high-capacity computing and advanced networks can be used to improve primary care and prevent health care complications for Medicare beneficiaries with diabetes mellitus who are residents of medically underserved rural areas or residents of medically underserved inner-city areas. HCFA published a Federal Register Notice, soliciting letters of intent for the demonstration project in March 1998 and a solicitation document was distributed to potential applicants in June 1998. The procurement is in the final stages of review.

General information about HCFA grant and contract solicitations can be found at: http://www.hcfa.gov/ord/ordhp1.htm.

In the fall of 1998, HCFA published the final rule — effective Jan. 1, 1999 — to implement payment for teleconsultations in rural health professional shortage areas. The rule implements parts of Section 4206 of the Balanced Budget Act of 1997 and amends HCFA regulations to provide for payment for professional consultation with a physician and certain other practitioners via interactive telecommunication systems. The rule also establishes a methodology for determining the amount of payments made for the consultation.

Information on Medicaid and telemedicine can be found at: http://www.hcfa.gov/medicaid/telemed.htm.

Health Resources and Services Administration
Office for the Advancement of Telehealth (OAT)*

Rural Telemedicine Grant Program

Contact: Cathy Wasem or Amy Barkin (301) 443-0447 (voice); (301) 443-1330 (fax); cwasem@hrsa.gov or abarkin@hrsa.gov.

The Rural Telemedicine Grant Program's primary objective is to demonstrate how telemedicine can be used as a tool to:

- Improve access to health care for rural individuals across the life span.
- Reduce the isolation of rural practitioners.
- Foster integrated systems of care.

A secondary objective is to collect data and information for the systematic evaluation of the feasibility, costs, appropriateness, and practitioners' and patients' acceptability of telemedicine technologies and services in rural communities. The systematic evaluation of telemedicine is necessary to determine how best to organize and provide telemedicine services in a sustainable manner.

A telemedicine network must, at a minimum, be comprised of a multi-specialty entity that provides 24-hour-a-day access to a range of specialty care, and at least two rural health care facilities such as hospitals, physician offices, clinics, community health clinics, and nursing homes. The grant recipient must be a public (non-Federal) or private nonprofit entity. It may be located in either a rural or urban area. Other telemedicine network members may be public or private, nonprofit or for-profit.

Applications were due March 15, 2000. In the FY 2000 competition, not more than 40% of the total grant award can be used to purchase or lease and install equipment. Grant dollars cannot be used for construction or renovation, except for minor renovations related to the installation of equipment. Approximately $5 million will be available to fund 12-15 new awards.

In September 1997, 18 three-year Rural Telemedicine grants were awarded, totaling $15.73 over a three-year project period. These

projects end August 2000. Since 1989, the Office for the Advancement of Telehealth and the Office of Rural Health Policy have invested over $61.5 million in funding telemedicine/telehealth demonstration and evaluation projects, including projects funded under the Rural Health Outreach Grant Program. Descriptions of current OAT-funded telemedicine/ telehealth projects can be found at OAT's Web site: http://telehealth.hrsa.gov/grantee.htm .

Note: *The Office of Rural Health Policy's Rural Telemedicine grant program was transferred to OAT when OAT was established within the Health Resources and Services Administration in May 1998.*

Office of Rural Health Policy (ORHP), HRSA

Rural Health Outreach Grant Program

Contact: Eileen Holloran (general information) (301) 443-0835; (301) 443-2803 (fax) eholloran@hrsa.gov.

Legislation passed in September 1996 authorized a new Rural Health Outreach and Rural Health Network Grants Program, reshaping the existing ORHP Rural Health Outreach Grant Program. Under the new authorization for the Rural Health Outreach Grant Program, funds are available for projects to support the direct delivery of health care and related services, to expand existing services, or to enhance health service delivery through education, promotion, and prevention programs. The emphasis is on the actual delivery of specific services rather than the development of organizational capabilities. Projects may be carried out by networks of the same providers (e.g., all hospitals) or more diversified networks. There must be a memorandum of agreement or other formal arrangement between members of a network.

Grant funds can be used to purchase equipment or vehicles provided that their cost does not exceed 40%, per year, of the federal grant amount. Funds under this program may not be used for the purchase, construction, renovation or improvement of a building or property.

Under the Rural Health Outreach Grant Program, ORHP funds nonprofit or public entities that are located in non-metropolitan areas (as defined by the Office of Management and Budget) and that have formed a network for the implementation of the project. (Some census tracts in extremely large MSAs are also eligible - see the eligibility guidelines in the FRN or application kit). In FY 1999, Outreach dollars supported eight telehealth/telemedicine projects.

Applications for the Rural Health Outreach FY2000 Competition were due November 15, 1999. It is anticipated that $10 million will be available to fund approximately 50 new Rural Health Outreach grants.

In this competition, projects to support distance education for health professionals, and projects to monitor the health status of rural citizens in their homes were accepted, but projects supporting the development of telemedicine systems were not.

Additional information about the Office of Rural Health Policy and funding opportunities to serve rural areas can be found at: http://www.nal.usda.gov/orhp and http://www.nal.usda.gov/ric/richs/funding.htm.

National Library of Medicine (NLM), National Institutes of Health

Internet Connection for Health Institutions Grant Program

Contact: Frances E. Johnson (301) 594-4882 (voice); (301) 402-0421 (fax); fjohnson@nlm.nih.gov

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Grants are for the support of Internet connections. Federal dollars can be used to cover gateway and associated connection hardware; internal access equipment, such as personal computers and local area network costs, are expected to be provided by the institution(s).

Under this grant program, NLM funds domestic, public and private, non-profit institutions engaged in health sciences administration, education, research, and/or clinical care, and consortia of health-related institutions.

The deadline for the FY 2000 competition was March 14, 2000. There is approximately $600,000 available, and it is estimated that the number of awards will be between 10 and 16. A single institution could receive up to $30,000; a consortia up to $50,000.

Information Access Grant Program
(Information Access Grants for Small and Medium-sized Health Science Libraries and Institutions)
Contact: Extramural Program Division (301) 594-4882 (voice); (301) 402-0421 (fax); epmail@occshost.nlm.nih.gov.

Under this grant program, NLM primarily funds small and medium-sized health institutions such as community hospitals which have a need for short term assistance to achieve better access to and delivery of health science information services through up-to-date computer and telecommunications technologies. Online access to NLM databases, provision for providing documents, and user training should be elements of the project.

Funds either single institutions or consortia of institutions.

The deadlines for FY 2000 competitions are February 1, June 1 and October 1. Six new awards were made in FY 1999, totaling approximately $223,355. A single institution could receive up to $12,000; and consortium members could each receive up to $12,000 for one year of
support.

Information Systems Grant Program
(Information Access Grants for Academic Health Science Institutions and Large Hospitals)
Contact: Extramural Program Division (301) 594-4882 (voice); (301) 402-0421 (fax); epmail@occshost.nlm.nih.gov.

Information Systems Grants are distinguished from Access Grants by the scope and nature of the technological means used--i.e., this grant program primarily funds academic health science institutions and larger hospitals. (The organizational unit within the institution that is directly responsible for the project's conduct may be the library or other information service/research-related department) In order to facilitate the utilization of health science information, funds can be used to establish connectivity of system components (e.g., integrating the medical library into an existing network) and to support improvements to the infrastructure.

Applicants are encouraged to incorporate online access to NLM databases and some provision for document delivery into their projects.

The FY 2000 deadlines are February 1, June 1 and October 1. In FY 1999, approximately $424,303 was awarded to 4 new projects in the first year of funding. An institution could receive up to $150,000 per year for up to three years.

IAIMS (Integrated Advanced Information Management Systems)
Contact: Extramural Program Division (301) 594-4882 (voice); (301) 402-0421 (fax); epmail@occshost.nlm.nih.gov.

This grant program supports the planning and operation of Integrated Advanced Information Management Systems (IAIMS) in medical centers and health science institutions and organizations. IAIMS are institution-wide computer networks that link and relate library systems with a variety of individual and institutional databases and information files within and external to the institutions for patient care, research, education and administration.

Entities eligible for funding under this grant program are: domestic, public or private, non-profit institutions engaged in health sciences administration, education, research and/or clinical care.

The FY 2000 deadlines are February 1, June 1 and October 1. Over $3.3 million was available for awards in FY 1999 for Phase I and Phase II grants combined. Under this program, funding is available for two phases: a planning phase during which an institution can receive up to $150,000 per year over a two-year period, and an implementation phase during which an institution may receive up to $500,000 a year for up to five years.

Information about the above extramural programs, and the extramural programs that support research and training, can be found at: http://www.nlm.nih.gov/ep/extramural.html.

HPCC Program (High Performance Computing and Communications)
Health Applications for the National Information Infrastructure (RFP-NLM-96-105/MVA)
Contact: Robin Cummings, Contracting Officer; (301) 496-6546 (voice); robin_cummings@nih.gov or Michael Ackerman, Chief, Office of High Performance Computers and Communication (301) 402-4100 (voice); ackerman@nlm.nih.gov.

This HPCC program supports projects that develop and demonstrate the use of the NII in health care, clinical research and public health -- i.e., supports testbed networks for linking hospitals, clinics, doctor's offices, health professional schools, health sciences libraries, universities, and/or public health authorities to provide two or more of the following applications:

- Telemedicine or collaborative technology to allow multiple health care providers to treat remote patients;
- Creation, transfer, and use of electronic health data;
- Decision support and information services for patients, care givers, researchers, and/or public health professionals;
- Collection and management of data for multi-site clinical research projects; and
- Transfer of information between the health care and public health systems.

Nineteen multi-year cost-reimbursement contracts with options were awarded in September 1996. There was no formal solicitation in FY 1999 under this program.

HPPC-Biomedical Applications for the Next Generation Internet (NGI)
Contact: Robin Cummings, Contracting Officer (301) 496-6546 (voice); robin_cummings@nih.gov

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This HPCC program supports projects that demonstrate the use of the Next Generation Internet (NGI) capabilities in health care, public health and health education, and biomedical, clinical and health services research. Specifically, the program supports

test-bed networks linking hospitals, clinical, practitioners' offices, health professions schools, health sciences libraries, universities, and/or public health authorities to demonstrate revolutionary applications in health care, health education and medical research that are dependent upon at least two of the following technical capabilities being developed for the NGI. Those technical capabilities are: quality of service, medical data privacy and security, nomadic computing, network management and infrastructure technology as a means for scientific management, and infrastructure technology as a means for scientific collaboration. Project plans must have a strong evaluation component designed to improve understanding of the impact of NGI capabilities on the nation's health care, health education and/or research systems in such areas as cost, quality, usability, efficacy and security.

This program is a three-phase program. The project plans represent Phase I of the program. It is envisioned that some or all of the Phase I project plans will be implemented in test-bed Phase II settings either via a non-competitive follow-on acquisition or through contracts from new solicitations. Phase III of the program will demonstrate the efficacy of successful Phase II test-bed projects in production via non-competitive follow-on acquisitions.

In October 1998, NLM announced the initial award of 24 Phase I contracts ot medical institutions and companies. Summaries for Phase I project awards are available at: http://www.nlm.nih.gov/research/ngisumphase1.html

Under Phase II contracts awarded in early FY 2000 are being implemented in local test-bed settings. Summaries for Phase II projects are available at: http://www.nlm.nih.gov/research/ngisumphase2.html

HPPC-Informatics for the National Heart Attack Alert
Contact: Valerie Syed, Contracting Officer, valerie_syed@nlm.nih.gov

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Under this program NLM seeks to obtain research and development services related to the use of medical informatics as an approach to reducing or eliminating all of the obstacles hindering the utilization of therapies known to improve surviving an acute heart attack if administered shortly after onset of the attack. This project supports the planning of demonstration applications which make use of medical informatics in acute myocardial infarction (AMI) related health care; public health; health education; and clinical and health services practice and research. Project plans are to involve the informatics applications relevant to treatment of AMI for the public, for patients and care providers and must have a strong evaluation component. The project plans represent Phase I of a three-phased program. Some of the Phase I project plans may be implemented in Phase II non-competitive follow-on acquisitions or new solicitations. Phase III will demonstrate efficacy of successful Phase II projects via non-competitive follow-on acquisitions.

Additional information about NIH grant opportunities can be found at: http://www.nih.gov.

Office of Rural Mental Health Research (ORMHR), NIMH, NIH

Contact: Armand Checker (301) 443-9001 (voice); (301) 443-4045 (fax); achecker@nih.gov

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ORMHR supports research grants to study the mental health problems and risks associated with rural life; ways that the incidence and prevalence of mental disorders can be assessed and lowered; and ways that service delivery can be made more accessible and delivered more economically in rural areas by using telecommunications. For example, ORMH

funds telepsychiatry research grants to stimulate research and demonstration projects in the uses of telecommunications for delivery of mental health services in rural areas.

ORMHR funds non-profit and for-profit organizations.

The program announcement for Research on Mental Disorders in Rural Populations is available through the NIMH automated fax retrieval system. From a fax-machine phone, dial (301) 443-5158 and request Item No. 910052. Application deadlines are February 1, June 1 and October 1 of each year.

On the Web, information on NIMH grants and contracts is available at http://www.nimh.nih.gov/grants/index.htm.

National Cancer Institute, National Institutes of Health

Multimedia Technology Grants - NCI

Contact: Connie Dresser, RDPH, LN (301) 496-8520 (voice); (301) 496-8675 (fax); DresserC@dcpcepn.nci.nih.gov

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The National Cancer Institute (NCI) at NIH has a separate program that addresses the use of multimedia technology to translate research into user-friendly health-communication applications for the public and health professionals to help meet NCI's mission and program objectives. NCI's Division of Cancer Prevention and Control (DCPC) supports the funding of businesses that create new innovative approaches to informing health care professionals and the public about modifying behaviors to prevent or reduce the risk of certain cancers. Applicants are expected to use computer applications, expert systems, advanced telephone technologies, videotext, cable and broadcast television, radio, virtual reality, animation, Internet or the World Wide Web.

Specifically, the program uses the Small Business Innovation Research (SBIR) Grant mechanism and the Small Business Technology Transfer (STIR) Grant mechanism to fund multimedia technology grants. The SBIR mechanism funds small businesses and the STIR mechanism funds collaborations between small businesses and non-profit organizations.

To request a detailed portfolio of the NCI Multimedia Technology SBIR/STIR Portfolio, contact the program director, Connie Dresser, and provide your address, phone, fax and e-mail address. For more information on the SBIR and STIR grants, e-mail: cd34@nih.gov or see the NIH Home Page at http://www.nih.gov.

Small Business Innovation Research (SBIR) Program

(from the NIH Guide to Grants and Contracts)

The Small Business Innovation Research (SBIR) program provides support for research and development (R&D) of new technologies and methodologies which have the potential to succeed as commercial products. The government supports this type of grant mechanism because innovative technologies and methodologies fuel progress in biomedical and behavioral research and represent an increasingly important area of the economy. The intent of the SBIR program is to increase private sector commercialization of innovations derived from federal R&D.

The applicant organization must be a small business concern, and the primary employment of the principle investigator must be with the small business at the time of the award and during the conduct of the proposed project. However, scientists at research institutions can play important roles in an SBIR project by serving as consultants and/or subcontractors to the small business. Certain

agencies (e.g., FDA, NIH and CDC) are required to reserve a specified amount of their extramural research or R&D budgets for an SBIR program.

The objectives of the SBIR program's three phases are:

- **Phase I:** Determine the scientific and technical merit, feasibility and potential for commercialization of the proposed project.
- **Phase II:** Continue the research or R&D efforts initiated in Phase II.
- **Phase III:** Where appropriate, pursue with non-SBIR funds, the commercialization of the results of the research or R&D of Phases I and II.

National Science Foundation (NSF)

The National Science Foundation is an independent agency of the Federal government established in 1950 to promote and advance scientific progress in the United States. It fulfills this responsibility primarily by funding research and education projects in science and engineering across all disciplines. NSF invests over $3.3 billion per year in almost 20,000 research and education projects in science and engineering, including projects in Computer and Information Science and Engineering, and in Social, Behavioral and Economic Sciences.

Eligible entities include universities, colleges, academic consortia, non-profit institutions and small businesses.

Program announcements and applications can be obtained in print form or electronically. Print copies can be obtained from:

NSF HPCC Coordinator
Directorate for Computer and Information Science and Engineering
National Science Foundation
4201 Wilson Blvd.
Arlington, VA 22230
(703) 306-1234
TDD: (703) 306-0090
FIRS: (800) 877-8339

Information on grants and awards is also available at http://www.nsf.gov/home/grants.htm.